



## Home Visiting Collaborative Improvement and Innovation Network 2.0: Addressing Intimate Partner Violence

HV CoIIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

### The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs) using the Institute for Healthcare Improvement *Breakthrough Series* (BTS) to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. [HV CoIIN 1.0](#) demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent spread and scale efforts. Currently, in HV CoIIN 2.0, we are using the model to address other challenges that face families, including **intimate partner violence (IPV)**.

The Centers for Disease Control and Prevention (CDC) defines IPV as “physical, sexual, or psychological harm by a current or former partner or spouse. [It] can occur among heterosexual or same-sex couples and does not require sexual intimacy”<sup>1</sup>.

### Intimate Partner Violence: The Gap

**Intimate Partner Violence is an area of top priority for MIECHV.** According to the CDC, one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetimes<sup>2</sup>.

Left undetected, exposure to IPV can have long-lasting negative effects on children's growth and development. Studies have shown that mothers experiencing IPV present as less positive, spontaneous, and responsive with infants, compromising the critical relationships children need to thrive<sup>3</sup>. The ongoing relationship between home visitors and caregivers provides an important opportunity to connect and collaborate with women who have experienced or are at risk of IPV, as well as to offer support and referrals to resources and services. Without this support, families most in need may not receive the full benefits of home visitation<sup>4</sup>.

### What Are We Trying to Accomplish?

Six MIECHV awardees and 18 Local Implementing Agencies (LIAs) are engaging in a 12–18-month Learning Collaborative to achieve the following SMART aims:

#### By March 2020:

- **90%** of caregivers with identified IPV are offered supports or services aligned with their self-identified needs and priorities.
- **85%** of caregivers with identified IPV who are offered supports or services receive follow-up from home visitors.

## How Are We Going to Accomplish the Aim?

HV CoIN 2.0 staff, faculty, and frontline home visiting teams applied evidence-based research and practice to develop an IPV Key Driver Diagram that displays the SMART aim for addressing IPV and a shared theory for how that aim will be achieved, including the **primary drivers**—what needs to be in place to accomplish the aim and evidence-informed interventions and processes to realize the drivers. These drivers include:

1. A competent, supported, and trauma-informed workforce to address IPV
2. The successful integration of parent leaders and partners in CQI
3. Safe and respectful conversations on healthy relationships and on screening for IPV
4. Comprehensive, fluid, individually tailored, and highly collaborative “safer planning” and follow-up
5. Community partnerships and linkages to services

HV CoIN 2.0 supports teams in meeting collaborative goals by sharing the best available evidence and promising practices for addressing IPV and by teaching and applying methods for organizational change. Through iterative learning cycles (Plan, Do, Study, Act cycles [PDSAs]) and the use of monthly data for monitoring and improvement, teams learn how to effectively and efficiently address IPV in home visiting. Supports include providing teams with coaching to promote the following:

- Consistent delivery of evidence-based interventions and promising practices to improve maternal and infant well-being
- Customized data tracking to promote CQI

- 1 Centers for Disease Control and Prevention. (n.d. b). *Intimate partner violence: Consequences*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>
- 2 Smith, S., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., . . . Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- 3 Udo, I. E., Sharps, P., Bronner, Y., & Hossain, M. B. (2016). Maternal intimate partner violence: Relationships with language and neurological development of infant and toddlers. *Maternal and Child Health Journal*, 20(7), 1524–1431.
- 4 Eckenrode, J., Ganzel, B., Henderson, C. R., Jr., Smith, E., Olds, D. L., Powers, J., Cole, R., Kitzman, H., & Sidor, K. (2000). Preventing child abuse and neglect with a program of nurse home visitation: The limiting effects of domestic violence. *Journal of the American Medical Association*, 284(11), 1385–1391.

- A focus on promoting healthy relationships, identifying and offering referrals to community-based or local domestic violence advocacy service organizations and home visitor support around safer planning

## Current Progress

Nine months into our work, we are making great strides in achieving our aims and are continuing to test and scale reliable systems through March 2020.

### Outcome Measures to date:

1. **79%** of caregivers with identified intimate partner violence (IPV) are offered supports or services aligned with their self-identified needs and priorities
2. **71%** of caregivers with identified intimate partner violence who are offered supports or services receive follow-up from home visitor
3. **53%** of caregivers provided universal education about healthy relationships in the past 6 months from a baseline of 35%
4. **49%** of caregivers with identified IPV engage in safer planning from a baseline of 39%
5. **Average ease of linkage to community** partner/s has increased from 2.9 to 4.1 on a scale of 0-6

### Process Improvements to date:

1. **96%** of HVs and HV supervisors are trained in basic competencies in IPV and related topics from a baseline of 68%
2. **82%** of home visitors engaging in reflective supervision at least once in the past month about IPV from a baseline of 70%
3. **56%** of caregivers provided universal education about healthy relationships in the past 6 months from a baseline of 35%
4. **63%** of caregivers with identified IPV who engage in safer planning from a baseline of 39%
5. **89%** of team members using CQI data in practice from a baseline of 77%
6. **33%** of LIA teams have at least 1 active and engaged parent leader in their CQI effort

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